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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	60,426-236
First Named Inventor	Astorino, et al
COMPLETE IF KNOWN	
Application Number	Herewith
Filing Date	Herewith
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ACTIVE NOISE CANCELLATION STABILITY SOLUTION

the specification of which

(Title of the Invention)

is attached hereto
OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/195,026	04/06/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Laura M. Slenzak	35,363	Stanton C. Braden	32,556
Adel A. Ahmed	29,606	Robert T. Canavan	37,592
I. Marc Asperas	37,274	Joseph S. Codispoti	31,819

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label 024500 OR Correspondence address below

Name	Elsa Keller			
Address	SIEMENS CORPORATION			
Address	186 Wood Avenue South			
City	Iselin	State	NJ	ZIP 08830
Country	United States	Telephone	732 321-3024	Fax 732 321-3014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname		
John F.		Astorino		

Inventor's Signature			3-27-01	Date	
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Residence: City	Livonia	State	MI	Country	U.S.	Citizenship	U.S.
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Post Office Address	14326 Melrose Street						
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Post Office Address							
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City		State		ZIP	48154	Country	
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ian R.		McLean					
Inventor's Signature					Date	4/3/01	
Residence: City	Chatham	State	Ontario	Country	Canada	Citizenship	Canadian
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Post Office Address							
City		State		ZIP	N7M 3V6	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Trevor		Laack					
Inventor's Signature					Date		
Residence: City	Oregon	State	WI	Country	U.S.	Citizenship	U.S.
Post Office Address	5423 Lost Woods Court						
Post Office Address							
City		State		ZIP	53575	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Ian R.		McLean				
Inventor's Signature						Date
Residence: City	Chatham	State	Ontario	Country	Canada	Citizenship
Post Office Address	Apt. #104, 104 Park Avenue East					
Post Office Address						
City		State		ZIP	N7M 3V6	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Trevor		Laak				
Inventor's Signature						Date
Residence: City	Oregon	State	WI	Country	U.S.	Citizenship
Post Office Address	5423 Lost Woods Court					
Post Office Address						
City		State		ZIP	53575	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
Lawrence C. Edelman	29,299	Pasquale Musacchio	36,876
Mark H. Jay	27,507	Eric C. Swanson	40,194
Rosa S. Kim	39,728	Tracy L. Hurt	34,188
Peter A. Luccarelli, Jr.	29,750	John Musone	44,961
Jeffrey P. Morris	25,307	Karin H. Butchko	45,864
Donald B. Paschburg	33,753	John Siragusa	46,174
Darryl A. Smith	37,756	Anthony P. Cho	47,209
Daniel J. Staudt	34,733		
Heather S. Vance	39,033		
Scott T. Weingaertner	37,756		
Robert A. Whitman	36,966		
John E. Carlson	37,794		
David J. Gaskey	37,139		
William S. Gottschalk	44,130		
Kerrie A. Laba	42,777		
Theodore W. Olds	33,080		
David L. Wisz	46,350		

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